

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1483

State File No.

Registrar's No. 443

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3325 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community Twenty Years
years, months or days

3. (a) PRINT FULL NAME Mr John A. HEGARTY

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wardie Gear HEGARTY 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November 16 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 14 If less than one day
.....hr.min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Retail Druggist

12. Name Mr James HEGARTY

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name Johanna MALONEY

15. Birthplace Sullivan Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant L. M. Hegarty

(b) Address 3325 South Benton

17. (a) Burial (b) Date thereof 2-1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) Jan 30 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3325 South Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1941 hour 6:30 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6:14:40
....., 19....., to 1:30 - 41, 19.....;
that I last saw him alive on 1-29-41, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Infection

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Lucius H. Kraft D. of other) TCB Mo
Date signed.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 267

working under my personal supervision. _____, Registered Apprentice No. _____

Signed JH Cray

Licensed Embalmer No. 2999

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.